

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



AUTOPSY REPORT

Case Number: [REDACTED]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

FINAL PATHOLOGIC FINDINGS

I. Gunshot wound of the head

- A. Entrance: atypical wound on the right side of the face; no evidence of close range discharge of a firearm
- B. Injured: lateral aspect of the right eyelid, right eye, right orbit, right anterior cranial fossa, and brain
- C. Exit: none
- D. Recovered: a deformed fragment of gray metal core and yellow-colored metal jacket, and a deformed gray metal core fragment from the left occipital region of the brain
- E. Trajectory: front to back, right to left, and upward
- F. Associated injuries: hemorrhage along the wound path, diffuse subgaleal hemorrhage, diffuse intracranial hemorrhage, and seven associated lacerations of the right side of the face

II. Gunshot wound of the right forearm:

- A. Entrance: right elbow; no evidence of close range discharge of a firearm
- B. Injured: skin and soft tissue of the right arm
- C. Exit: anterior aspect of the right forearm
- D. Recovered: none
- E. Trajectory: back to front, right to left, and downward
- F. Associated injuries: hemorrhage along the wound path and a triangular abrasion with a central laceration in the right antecubital fossa.

III. Toxicology: peripheral blood positive for ethanol (255 mg/dL)

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OPINION

CAUSE OF DEATH: This [REDACTED] year-old female, [REDACTED], died of gunshot wounds of the head and right forearm. She was shot during a mass fatality incident at a concert venue. The gunshot wound to the head caused severe injuries to the skull and brain. The gunshot wound to the right forearm did not injure any vital structures but did contribute to overall bleeding.

MANNER OF DEATH: HOMICIDE

A handwritten signature in black ink, appearing to read "P. Uribe", written over a horizontal line.

Paul S. Uribe, M.D.
Pathologist

Date: 20 Dec 2017

PSU/amu

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POSTMORTEM EXAMINATION ON THE BODY OF



The examination commences at 0445 on 4 October 2017.

IDENTIFICATION

At the time of autopsy, the body is identified by a Clark County Office of the Coroner/Medical Examiner "toe tag" inscribed with case # [REDACTED] and the name [REDACTED]. The remains are subsequently identified as [REDACTED].

CLOTHING

At the time of autopsy, the body is received with a black shirt, bikini top, jean shorts (cut), and boots.

X-RAYS

Postmortem radiographs are obtained and the findings are incorporated in "Evidence of Injury." There are multiple minute radio-opaque fragments in the left side of the head that are too small to be recovered. There are several minute radio-opaque fragments in the soft tissue of the left forearm that are too small to be recovered.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished female. The body measures 69 inches in length, weighs 159 pounds, and appears compatible with the reported age. Injuries are described in the section "Evidence of Injury" and medical therapy is described in the section "Evidence of Medical/Surgical Intervention." The body is cold. Rigor is present and resolving. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

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PAGE TWO

HEAD: The scalp hair is brown and up to 10 inches in length. EARS: The ears are normally formed and set. The right ear contains blood, and both earlobes are pierced. EYES: See "Evidence of Injury.". The left iris is blue. The left cornea is clear. The left conjunctiva is pale and without petechiae. The left sclera is white and without petechiae. NOSE: The nasal skeleton and maxilla are palpably intact. Blood is present in the nose. MOUTH: The lips are atraumatic. The teeth are natural and in good condition. NECK: Examination of the neck reveals no evidence of injury and the larynx and trachea are midline.

CHEST AND BACK: The chest shows no externally evident injury of the ribs or sternum. The posterior torso is unremarkable. ABDOMEN: The abdomen is flat. GENITALIA: The external genitalia are those of an adult female. ANUS AND PERINEUM: The anus and perineum are unremarkable.

EXTREMITIES: See "Evidence of injury." The left upper and both lower extremities show no evidence of fractures, lacerations, or deformities. The fingernails are intact. The fingers have been previously fingerprinted. The toenails are painted.

EVIDENCE OF MEDICAL/SURGICAL INTERVENTION

There is no evidence of acute medical or surgical intervention.

IDENTIFYING MARKS, SCARS AND TATTOOS

Tattoos are on the back of the neck, right lower abdomen, left hip, and lower back. No significant scars are identified.

EVIDENCE OF INJURY

On the right side of the face, centered 4 3/4 inches below the top of the head and 1 3/4 inches right of the anterior midline



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PAGE THREE

and on the lateral aspect of the right eye and orbit, is a 1 x 1 inch atypical entrance gunshot wound with radiating lacerations measuring up to 1/4 inch. There is no soot or gunpowder stippling on the skin surrounding the entrance wound. The bullet injures the lateral aspect of the right eyelid, right eye, right orbit, right anterior cranial fossa (3.5 x 3 centimeter defect), and brain (with wound path extending from the right frontal lobe to the left parietal and occipital lobes). No exit wound is present. Recovered from the left occipital region of the brain is a deformed fragment of gray metal core and yellow-colored metal jacket, and a deformed gray metal core fragment (photographed for documentation and retained as evidence). The trajectory of the wound path is front to back, right to left, and upward. Associated injuries include hemorrhage along the wound path, diffuse subgaleal hemorrhage, diffuse intracranial hemorrhage (subdural, subarachnoid, and intraparenchymal), and seven associated lacerations of the right side of the face ranging in size from 1/16 inch to 1/2 x 1/4 inch.

On the right elbow, centered 23 1/2 inches below the top of the head and 2 1/4 inches right of the posterior midline of the arm, is a 1/8 inch round entrance gunshot wound with a surrounding 1/16 inch circumferential marginal abrasion. There is no soot or gunpowder stippling on the skin surrounding the entrance wound. The bullet injures the skin and soft tissue of the right arm. On the anterior aspect of the right forearm, centered 25 inches below the top of the head and 1 1/4 inches right of the anterior midline of the arm is a 2 1/2 x 1 inch lacerated exit wound. No bullet or bullet fragments are recovered from along this wound path. The trajectory of the wound path is back to front, right to left, and downward. Associated injuries include hemorrhage along the wound path and a 1 x 1 inch triangular abrasion with a central 5/8 x 1/4 inch laceration in the right antecubital fossa.

SPECIMENS: Specimens retained for toxicology testing and/or DNA identification include peripheral blood and vitreous fluid.

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PAGE FOUR

EVIDENCE: Recovered from the left occipital region of the brain is a deformed fragment of gray metal core and yellow-colored metal jacket, and a deformed gray metal core fragment (photographed for documentation).